THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against	**Case No. 19-30192-1**
SAMSON OTUWA, M.D.,	
Respondent.	

FILED
MAR 21 2019
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

COMPLAINT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board) hereby issues this Complaint (Complaint) against Samson Otuwa, M.D. (Respondent), a licensed physician in Nevada. After investigating this matter, the IC[1] has a reasonable basis to believe that Respondent has violated provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act). The IC alleges the following facts:

1. Respondent was licensed by the Board, pursuant to the provisions of the Medical Practice Act, on April 22, 2005, and is currently licensed in active status (License No. 11420).

2. Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

3. In June of 2012, Patient A began replacement therapy with dialysis while she waited for a donor kidney transplant. She suffered from an end-stage renal disease as a result of a kidney disorder; hence, her need for a transplant.

4. On November 10, 2012, Patient A, a 39 year-old female, was admitted to the hospital to receive a donor kidney that became available. Her preoperative EKG was normal, and there was no history of cardiac disease, though preoperative medications suggested hypercholesterolemia.

[1] At the time filing of a Complaint was approved, the IC was composed of Theodore B. Berndt, M.D., Chairman, Wayne Hardwick, M.D., and Mr. M. Neil Duxbury.

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5. After this kidney transplant surgery, Respondent issued Patient A a muscle relaxant reversal with only three (3) mg of neostigmine (47 mcg/kg) and 0.6 mg glychopyrrovlate, which was below the standard full reversal dose (70 mcg/kg of neostigmine). Patient A opened her eyes to command prior to extubation of her trachea. No "Train of Four" or sustained tetanus was documented to confirm full reversal of the neuromuscular blockade. Patient A was transferred to the Post Anesthesia Care Unit (PACU) with Respondent and her surgeon. At the PACU, Patient A was noted to be "unresponsive and pale," and by the time she was hooked up to a monitor, medical records note Patient A had "no pulse, no spontaneous breathing." The Anesthesiology event notes state, "her heart rate was in the 40s but her blood pressure was 96/73, and O2 sat 99%, her respiration was diminished" and Respondent "could not feel her carotid pulse." Subsequent to Patient A's cardiac arrest, a mask ventilation with 100% oxygen with chest compressions was performed. The cardiac evaluation, based upon a post-arrest echocardiogram, documented an LV ejection fraction of 50-55% mild septal hypokinesis, mild mitral regurgitation, and mild tricuspid regurgitation. Nurse notes indicate Patient A exhibited movements consistent with seizure activity. An immediate post-arrest CT scan of Patient A's brain noted chronic bifrontal subdural hygromas with no intracranial findings. Brain imaging and neurologic examinations conducted were consistent with an anoxic brain injury.

6. On December 10, 2012, Patient A was transferred to a long-term care facility.

7. On March 26, 2013, Patient A was taken off life support and passed at the aforementioned long-term care facility. The Death Certificate stated immediate cause of death was anoxic brain injury and cardiac arrest.

8. Previous to the preparation of this Complaint, the Board solicited the services of an independent medical expert (IME) to review Patient A's medical records and the care provided to such patient by Respondent. This IME opined that Respondent's care of Patient A violated the Medical Practice Act due to his acts and omissions when rendering care to Patient A.

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Count I

(Malpractice)

9. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

10. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

11. NAC 630.040 defines malpractice as the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

12. As demonstrated by, but not limited to, the above outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when he: a) failed to recognize significant hypoventilation in the immediate postoperative period, including transport from the operating room to the PACU; b) failed to act with vigilance in assuring airway patency and adequacy of ventilation during transport to the PACU; c) failed to act with vigilance, which could have started a more timely and earlier intervention with the mask during Patient A's transportation to the PACU; and d) failed to deliver the standard dose of reversal agent, neostigmine, despite Patient's increased risk of prolonged neuromuscular blockade, which may have contributed to the ventilator treatment failure.

13. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

Count II

(Failure to Maintain Complete Medical Records)

14. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

15. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating discipline against a licensee.

16. Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A, by failing to document his actions when he treated Patient A,

whose medical records were not timely, legible, accurate, and complete, including, but not limited to Respondent's failure to document a complete reversal of the neuromuscular blockade.

17. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the IC prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it finds and concludes that there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, to include sanctions to be imposed; and

5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 21 day of March, 2019.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Robert Kilroy, Esq.
General Counsel
Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Wayne Hardwick, M.D., hereby deposes and states under penalty of perjury under the laws of the state of Nevada that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the foregoing Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered during the course of the investigation into a complaint against Respondent, he believes the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

Dated this 21st day of March, 2019.

Wayne Hardwick

Wayne Hardwick, M.D.

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 21st day of March, 2019, I served a file-stamped copy of the COMPLAINT, via USPS e-certified return receipt mail to the following:

Samson Otuwa, M.D.
3524 Lacebark Pine Street
Las Vegas, NV 89129

DATED this 21st day of March, 2019.

Sheri L. Quigley

Sheri L. Quigley, Legal Assistant

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